

Case Number:	CM13-0029761		
Date Assigned:	11/01/2013	Date of Injury:	08/22/2010
Decision Date:	02/28/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 55-year-old man who sustained a work-related injury on August 22, 2010. He subsequently developed chronic back pain and underwent a partial laminectomy at L4-L5 on January 3, 2013. The patient was treated with pain medications acupuncture and chiropractic care. According to the note of May 22, 2013, the patient is still complaining of lower back pain radiating to the right leg. Physical examination demonstrated reduced sensation in the right L4 dermatoma, decreased strength and positive straight leg raise. His MRI of the lumbar spine and performed on May 9, 2013 demonstrated degenerative disc disease and neural foraminal narrowing. The EMG nerve conduction studies demonstrated right L5-S1 radiculopathy. The provider requested authorization to use Tramadol, Norco, and Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol HCL ER 150 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113-179.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There no clear documentation of the efficacy/safety of previous use of Norco. There is no recent evidence of objective monitoring of compliance of the patient with his medication. There is no clear justification for the need to continue the use of Tramadol. Therefore, the prescription of Tramadol HCL 150 mg ER #30 is not medically necessary at this time.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Norco. There is no recent evidence of objective monitoring of compliance of the patient with his medications. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 10/325 mg #90 is not medically necessary at this time.

Terocin lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain.

